

S. No. 2  
A-9-4-41  
7. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 19 1942  
839

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ....

Registration District No. 839 Primary Registration District No. 4510

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **Stoddard**  
(b) City or town **Essex**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **Many years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Stoddard**  
**Essex** **R# 2**  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **James Wesley Stone**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **27** year **1942** hour..... minute..... M.<sup>3</sup>

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from **Apr 25-42** to **Apr 27-42**, 1942  
that I last saw him alive on **Apr 25-42**, 1942 and that death occurred on the date and hour stated above.

7. Birth date of deceased: **January** (Month) **19** (Day) **1879** (Year)  
8. AGE: Years **63** Months **3** Days **8** If less than one day hr. min.

Immediate cause of death:  
**Coronary sclerosis**  
**Coronary occlusion** 1.4 year  
Due to **chr myocarditis**

9. Birthplace **Kentucky** (City, town, or county) **Realestate** (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy.....

10. Usual occupation.....  
11. Industry or business.....  
12. Name **John Wesley Stone**  
13. Birthplace **Mississippi** (City, town, or county) (State or foreign country)  
14. Maiden name **Tuby Bryant**  
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Wife**  
(b) Address **Essex Missouri**  
17. (a) Burial (Burial, cremation, or removal) **Memorial Park** (b) Date thereof **Apr. 30, 1942** (Month) (Day) (Year)  
(c) Place: burial or cremation **Orville Taylor**  
18. (a) Signature of funeral director **Sikeston Missouri**  
(b) Address.....  
19. (a) **June 10, 42** (b) **Nora Lyons** (Registrar's signature)  
(Date received local registrar)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury **D**  
23. Signature **Howard M. Kendig** (M. D. or other) Address **Reston Mo.** Date signed **Apr 29-42**

RECEIVED

District Health Office No. 2,

District File Number 642-720

Date Filed JUN 16 1942

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Wallace N. Fitch*

Licensed Embalmer No. 3859

P. O. Address

*Caplan Bluff, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**